

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | Multiplexed, spatially encoded illumination system for determining imaging and range estimation | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|----|------------------------|---|------|----|---|---------------------------------------|--|--|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Dr. Rick Lee Morrison | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 421 | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 24</td><td>4</td><td>2202</td><td>9</td><td>36</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 36</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 24 | 4 | 2202 | 9 | 36 | Independent Claims : 1 | 0 | 2201 | 43 | 0 | Subtotal For Extra Claims Fees: \$ 36 | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Total Claims : 24 | 4 | 2202 | 9 | 36 | | | | | | | | | | | | | | | | | | |
| Independent Claims : 1 | 0 | 2201 | 43 | 0 | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 36 | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | |
| Credit account number: | 0872 | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date (YYYYMMDD): | 2005-03-31 | | | | | | | | | | | | | | | | | | | | | |
| Authorized name: | Rick Morrison | | | | | | | | | | | | | | | | | | | | | |
| Billing address: | 61820 | | | | | | | | | | | | | | | | | | | | | |